MINUTES

SOUTHERN NEVADA HEALTH DISTRICT
FACILITIES ADVISORY BOARD MEETING
March 31, 2026, 10:30 A.M.

MEMBERS PRESENT

Chair Alexis Mussi, *CEO*, (*Mountainview)* HCA
Leo Gallofin, *Director*, Rawson-Neal Hospital
Pat Kelly, *CEO*, Nevada Hospital Association
Robert Freymuller, *CEO*, (*Summerlin*) UHS VHS
Michael Kiefer, *CEO*, VA Southern NV Hospital
Vince Variale, *CEO*, North Vista
Van Houweling, *CEO*, UMC
Nicholas Johnson, *CEO*, (*Southern Hills)* HCA

MEMBERS ABSENT

Vice-Chair Todd Sklamberg, *CEO*, (*Sunrise)* HCA
Hiral Patel, *CEO*, *()* HCA
Shelly Mirato, *CEO*, Desert Winds Hospital
Thomas Maher, *CEO*, Boulder City Hospital
Christopher Loftus, *CEO*, (*Desert Springs*) UHS VHS
Claude Wise, *CEO*, (*Spring Valley*) UHS VHS
Col. Eric Phillips, Nellis AFB Hospital
Craig McCoy, *CEO*, (*Centennial Hills*) UHS VHS
Katherine Vergos, President. Dignity Health
Sam Kaufman, *CEO* (*Henderson Hospital*) UHS VHS
Purcell Dye *CEO*, Spring Mountain Treatment Center
Craig McCoy, *CEO*, (*Centennial Hills)* UHS VHS
Ryan Tingey, *CEO*, (*Valley Hospital)* HCA

SNHD STAFF PRESENT

Cassius Lockett, *District Health Officer*
Edward Wynder, *Associate General Counsel*
Cristina Anguiano, *Sr Health Cards Assistant*
Donna Buss, *Revenue Cycle Manager*
Xavier Foster, *Health Equity Coordinator*
Christian Young, *Medical Director*
Kimberly Monahan, *Human Resources Analyst*
Luann Province, *Human Resources Analyst*
Corey Morrison, *Facilities Manager*
Larry Rogers, *Environmental Health Manager*
Lauren DiPrete, *Environmental Health Manager*
Andria Cordovez Mulet, *Executive Assistant*
Christopher Saxton, *EH Director*
Anilkumar Mangla, *ODS Director*
Annie Lin, *Creative Services Specialist*
Melanie Sandquist, *Informatics Intern*
Sony Varghese, *Public Health Informatics Supervisor*
Jorge Viote, *Community Outreach Coordinator*
Gabriela Villafuerte, *Administrative Analyst*
Tawana Bellamy, Sr. *Administrative Specialist*
Kevin Abbott, *Contract Administrator*
Jacques Graham, *Administrative Specialist*

GUESTS

Rachelle Ekroos - Presenter, *NV Health Right*

I. CALL TO ORDER/ROLL CALL

Chair Mussi called the Southern Nevada Health District Facilities Advisory Board to order at 11:06 a.m. Jacques Graham, Community Health Administrative Specialist conducted roll call.

II. FIRST PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes.

Chair Mussi asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the public comment portion of the meeting was closed.

III. ADOPTION OF THE MARCH 31, 2026 AGENDA *(for possible action)*

Due to lack of quorum, no action was taken on this item.

IV. CONSENT AGENDA

Items for action to be considered by the Southern Nevada Health District Facilities Advisory Board which may be enacted by one motion. Any item may be discussed separately per board member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/FACILITIES ADVISORY BOARD MEETING: September 2, 2025 ***(for possible action)***

Due to lack of quorum, no action was taken on this item.

V. REPORT/DISCUSSION/POSSIBLE ACTION

The Facilities Advisory Board may take any necessary action for any item under this section. Members of the public are allowed to speak on action items after the Board's discussion and prior to their vote. Once the action item is closed, no additional public comment will be accepted.

1. **Receive and discuss presentation regarding Medical Sexual Assault Examinations – Rachell Ekroos, PhD, FNP, AFN, FAAN, Nevada Health Right Executive Director; direct staff accordingly or take other action as deemed necessary** ***(for possible action)***

   Dr. Ekroos brought forth a presentation regarding Medical Forensic Healthcare. She discussed the number of forensic nurses in Nevada, the pipeline for training, and the impact of recent legislative changes (SB87) on funding and reimbursement, with Dr. Ekroos detailing workforce limitations, training initiatives, and ongoing operational uncertainties. She introduced her organization, Nevada HealthRight. Dr. Ekroos gave an overview of how Medical Forensic Examinations are carried out at her facility.

2. **Receive and discuss presentation regarding Hospital Internal Disaster Readiness – John Hammond, SNHD – Office of Emergency Medical Services & Trauma Systems Manager; direct staff accordingly or take other action as deemed necessary** ***(for possible action)***

   Laura Palmer presented an overview of internal disaster protocols for hospitals in Southern Nevada, detailing regional bypass procedures, improvements in patient flow, and the importance of inter-hospital communication to minimize EMS disruptions. She stressed that

Hospital Internal Disaster Readiness is an opportunity to decompress from instances of increased volume and acuity while maintaining an effective EMS response.

3. **Receive and discuss presentation regarding the Healthcare Acquired Infection (HAI) Program Rollout Update: Early Findings, Facility Impacts and Required Next Steps – Kimberly Franich (SNHD – Office of Disease Surveillance Communicable Disease Manager), Lauren DiPrete (SNHD – Environmental Health Supervisor) William Bendik (SNHD – CH Southern Nevada Public Health Laboratory Manager); direct staff accordingly or take other action as deemed necessary *(for possible action)***

Kimberly Franich began the presentation of SNHD's approach to Healthcare Acquired Infections (HAI). She explained the roles & responsibilities of Disease Surveillance & Control team in HAI. This team's focus is on investigating outbreaks and exploring Infection Control Assessment and Response (ICAR). Lauren DiPrete discussed how feedback and summary of recommendations are provided. This also includes site visits and reflections on observations to identify common gaps. William Bendik reviewed SNPHL testing protocols. He also advised the current Southern Nevada facilities that are submitting samples for testing to SNPHL.

VI. FACILITIES ADVISORY BOARD REPORT

Chair Mussi asked if FAB members had anything to report. Seeing no items brought forward, the Chair closed the Facilities Advisory Board Report portion.

VII. COMMUNITY HEALTH DIRECTOR & STAFF REPORTS (Information Only)

- Director of Community Health Comments

Dr. Gonzales advised that SNHD's EMS Trauma System's team is developing a protocol for EMS transports to UMC's Crisis Service Center. This team is moving forward with a pilot program. Dr. Gonzales advised that SNHD's laboratory (SNPHL) will be reaching out to laboratory staff at local hospitals regarding samples for the HAI process.

VIII. SECOND PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items appearing on the agenda. All comments are limited to five (5) minutes.

Chair Mussi asked if anyone wished to address the Board pertaining to items appearing on the agenda. Hearing no one, the public comment portion of the meeting was closed.

IX. ADJOURNMENT

Chair Mussi adjourned the meeting at 11:57 a.m.

Medical Forensic Healthcare: System Coordination and Public Health Impact

A Brief Systems-Level Overview for Southern Nevada

Prepared by:

Rachell A. Ekroos, PhD, APRN, FNP-BC, AFN-BC, CGNC, FAAN
Co-Founder & Executive Director, Nevada HealthRight
Founder & CEO, Center for Forensic Nursing Excellence International

rekroos@nvhealthright.org

March 31, 2026

Core Philosophy

A Public Health Issue

Violence is a public health and safety issue that requires a coordinated multidisciplinary response.

Medical Forensic Healthcare

Medical forensic healthcare is a patient centered healthcare response that may interface with the justice system, but is not defined by it.

Community-Based Models of Care

Access to medical forensic healthcare has evolved significantly.

Nevada HealthRight

Established in 2015: NVHR was created at the request of the Nevada Office of the Attorney General to expand access beyond the historical hospital-based setting.

Intentional Design: The model increases patient access, supports trauma-informed care, and aligns with evidence-based practices.

Coordinated Delivery: NVHR provides services across community settings, coordinating closely with healthcare facilities, advocacy organizations, and multidisciplinary teams.

Broad Impact: Services have been delivered to thousands of patients across the region, reflecting national efforts to expand access.

Nevada HealthRight at Rancho and Alta

Nevada HealthRight at Rancho and Alta

What is a Medical Forensic Exam (MFE)?

Patient-Centered

One component of a patient-centered medical forensic healthcare encounter, delivered through trauma-informed practices. It is not a law enforcement procedure.

Medical Priorities

The core focus is medical assessment, treatment, and referral for further evaluation or services. Documentation supports clinical care and potential forensic needs.

Consent

All care is strictly consent-driven. Evidence collection is entirely optional based on the patient's choices, and care coordination is paramount.

Extended Responsibilities of Clinicians

- Providing education and consultation to law enforcement, attorneys, and community partners regarding patient history and clinical observations
- Coordinating with advocacy organizations and social service providers to support patient safety and access to wrap-around services
- Communicating clinical information necessary for investigative and prosecutorial processes within appropriate legal and privacy frameworks
- Providing fact witness and expert testimony when required in legal proceedings, including grand jury proceedings, preliminary hearings, and criminal trials

Clarifying Common Misconceptions

Common Misconception	Practice Standards & Research-Informed Practice
Exams must occur within 72 hours	Care and evidence timelines are variable and informed by clinical and forensic considerations.
Exams are for law enforcement	Exams are healthcare; reporting is entirely patient-directed.
No injury = no assault	Absence of injury is common and does not exclude assault.
The kit is the exam	A “kit” is merely one component within a broader healthcare encounter.
Evidence is always collected	Evidence collection is optional and based strictly on patient consent.
Evidence collection must happen before medical treatment	Urgent and emergent medical needs are priority. Medical forensic care is integrated and should not delay treatment.

Public Health & Safety Infrastructure

Immediate Health & Safety

- Identification and treatment of injuries
- Prevention of infection, pregnancy, and further harm

Violence Surveillance & Public Health

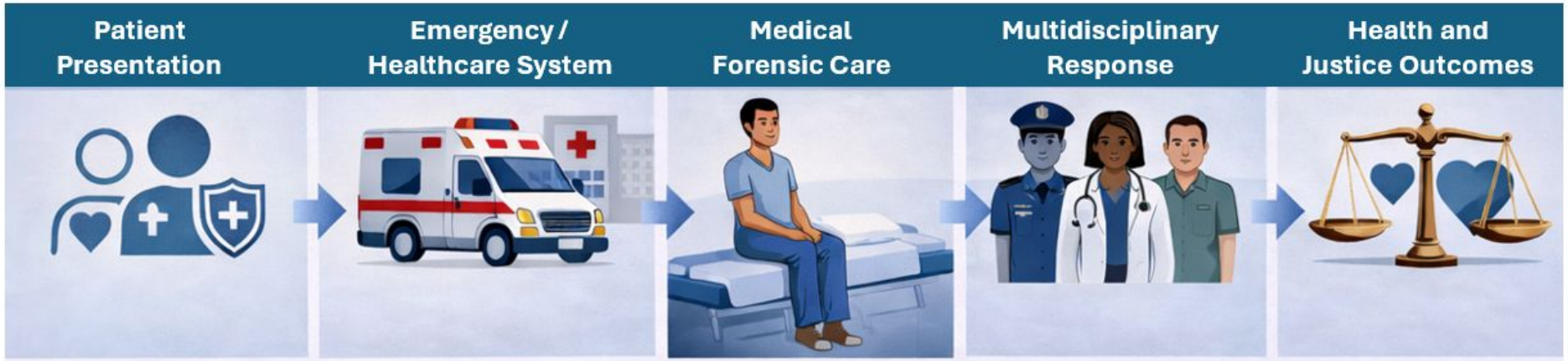
- Identification of violence patterns
- Data that informs prevention and intervention strategies

Evidence Integrity & System Accountability

- Accurate documentation and evidence handling
- Reduction in downstream system failures

Prevention of Future Harm

- Early identification of escalating violence
- Integration with multidisciplinary response systems



Delays in Patient Care

Role Confusion

Fragmented Communication

Uncoordinated Transfers

Policy Misalignment

Timely Patient-Centered Care

Clear Roles and Protocols

Coordinated Referral & Communication

Evidence-Based Practice

Trauma-Informed Response

"This is not just a clinical service line – this is a public health and safety infrastructure."

SYSTEM IMPACT

When Aligned

- Improved Patient Outcomes
- Public Safety
- Stronger Evidence Integrity
- Increased Efficiency
- Greater Public Trust

When Not Aligned

- Delayed Care
- Public Safety Risks
- Patient Safety Risks
- System Inefficiencies
- Legal and Ethical Exposure

System Gaps and Predictable Risks

Key System Gaps

Consistent challenges undermine the medical forensic response:

- Fragmentation across healthcare, law enforcement, and advocacy systems.
- Inconsistent protocols, training, and workforce limitations.
- Policy misalignment with current evidence and practice.
- Persistent misinformation influencing clinical and operational decision-making.

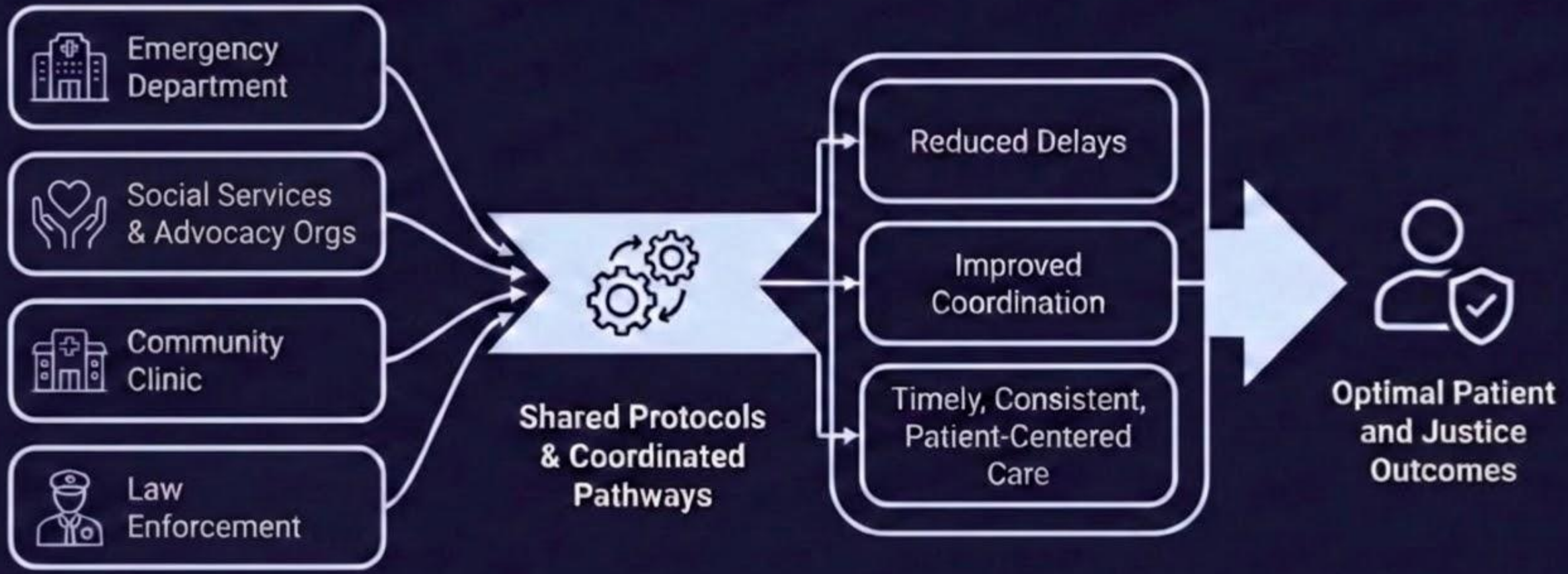
System Gaps and Predictable Risks

Associated System Risks

When alignment is lacking, risks impact health and safety systems:

- **Care Delays:** Misunderstanding roles delays emergency assessment and treatment.
- **Patient Safety:** Uncoordinated transfers introduce avoidable safety risks.
- **Role Confusion:** Uncertainty regarding care responsibility causes conflicting guidance.
- **Legal Exposure:** Barriers to care impact patient rights and evidence integrity.

Opportunities for System Alignment



Regardless of referral pathway, patients should receive evidence-based, trauma-informed medical forensic healthcare and connection to supportive resources.

Opportunities for System Alignment

Establish Clear, Shared Protocols Across Care Settings

- Align expectations for timing, sequencing, and coordination of care
- Ensure protocols reflect current clinical and forensic best practices
- Reduce variability across facilities, units, and shifts

Clarify Roles and Responsibilities Across Systems

- Define the roles of healthcare providers, forensic clinicians, law enforcement, and community-based programs
- Reduce duplication, confusion, and delays
- Support consistent decision-making across disciplines

Opportunities for System Alignment

Strengthen Referral Pathways & Communication Processes

- Standardize referral workflows across healthcare settings
- Improve handoff communication to ensure continuity of care
- Reduce unnecessary or uncoordinated transfers

Support Workforce Education & Clinical Competency

- Provide ongoing education on medical forensic healthcare principles
- Address common misconceptions that impact care delivery
- Ensure staff understand both clinical priorities and forensic considerations

Opportunities for System Alignment

Align Policy with Practice Standards & Patient Needs

- Review existing policies for alignment with evidence-informed care
- Identify policies that may unintentionally delay or restrict care
- Support policies that prioritize patient-centered, trauma-informed approaches

Strengthen Multidisciplinary Collaboration

- Foster regular communication across healthcare, advocacy, and justice system partners
- Support coordinated, patient-centered responses to violence
- Reinforce shared accountability across systems

What Strong Systems Look Like

Investment in Public Health and Safety

- A robust medical forensic healthcare system relies on standardized, evidence-based protocols and trauma-informed care.
- Clear role delineation across systems and multidisciplinary coordination are essential. Combined with workforce investment and data-informed policy, a sustainable infrastructure can be built.
- For Southern Nevada, strengthening these services supports health system readiness, community safety, evidence integrity, and public trust.

> Ultimately, this is not simply about examinations. It is about how our systems respond to violence and how we work together to strengthen that response for our community.
>
> — Rachell A. Ekroos, PhD, FAAN

DISTRICT PROCEDURE FOR MAINTAINING EMS OPERATIONS DURING PERIODS OF MULTIPLE HOSPITAL INTERNAL DISASTER DECLARATIONS

DEFINITION: To afford hospitals the opportunity to decompress from instances of increased volume and acuity while maintaining an effective EMS response for everyone in the community.

I. The hospital resources in the valley will be placed in one of four regions:
   A. Northwest
      1. Centennial Hills Hospital Medical Center
      2. MountainView Hospital
      3. Summerlin Hospital Medical Center
   B. Southwest
      1. Southern Hills Hospital & Medical Center
      2. Spring Valley Hospital Medical Center
      3. St. Rose Dominican Hospital - San Martin Campus
   C. Central
      1. Valley Hospital Medical Center
      2. University Medical Center
      3. North Vista Hospital
      4. Sunrise Hospital & Medical Center
   D. South
      1. St. Rose Dominican Hospital - Siena Campus
      2. Boulder City Hospital
      3. Henderson Hospital
      4. West Henderson Hospital

II. Internal Disaster Process:
   A. If one hospital in any one region declares internal disaster, that facility will be bypassed by ambulances as outlined in the Clark County EMS System Emergency Medical Care Protocols manual.
   B. If more than one hospital in any one region declares internal disaster, all hospitals in the region will be considered open.
   C. If any hospital is on internal disaster because of physical plant disruptions (e.g., fire, flood, active shooter, building damage rendering the facility unsafe, etc.), that facility will be bypassed by all ambulance traffic.
   D. The reason for all internal disaster declarations will be documented in EMResource at the time the internal disaster is declared.

Month	Total System Hours on Internal Disaster	% of hours on Internal Disaster
Feb-24	60.79	0.27%
Mar-24	53.87	0.23%
Apr-24	16.22	0.07%
May-24	49.59	0.21%
Jun-24	35.14	0.15%
Jul-24	78.55	0.33%
Aug-24	22.4	0.09%
Sep-24	37.02	0.15%
Oct-24	1.92	0.01%
Nov-24	19.97	0.08%
Dec-24	71.7	0.28%
Jan-25	45.29	0.34%
Feb-25	19.73	0.16%
Mar-25	24.94	0.20%
Apr-25	10.55	0.09%
May-25	5.43	0.04%
Jun-25	1.5	0.01%
Jul-25	1.85	0.01%
Aug-25	65.99	0.40%
Sep-25	6.68	0.04%
Oct-25	1.51	0.01%
Nov-25	90.26	0.57%
Dec-25	3.5	0.02%
Jan-26	5.72	0.03%
Feb-26	9.83	0.07%

Healthcare Associated Infections Program Overview

Facilities Advisory Board
March 31, 2026

Kimberly Franich, MPH
Lauren DiPrete, MPH, REHS, CIC
William Bendik, MPH, MLS (ASCP)cm

Healthcare Associated Infections (HAI)

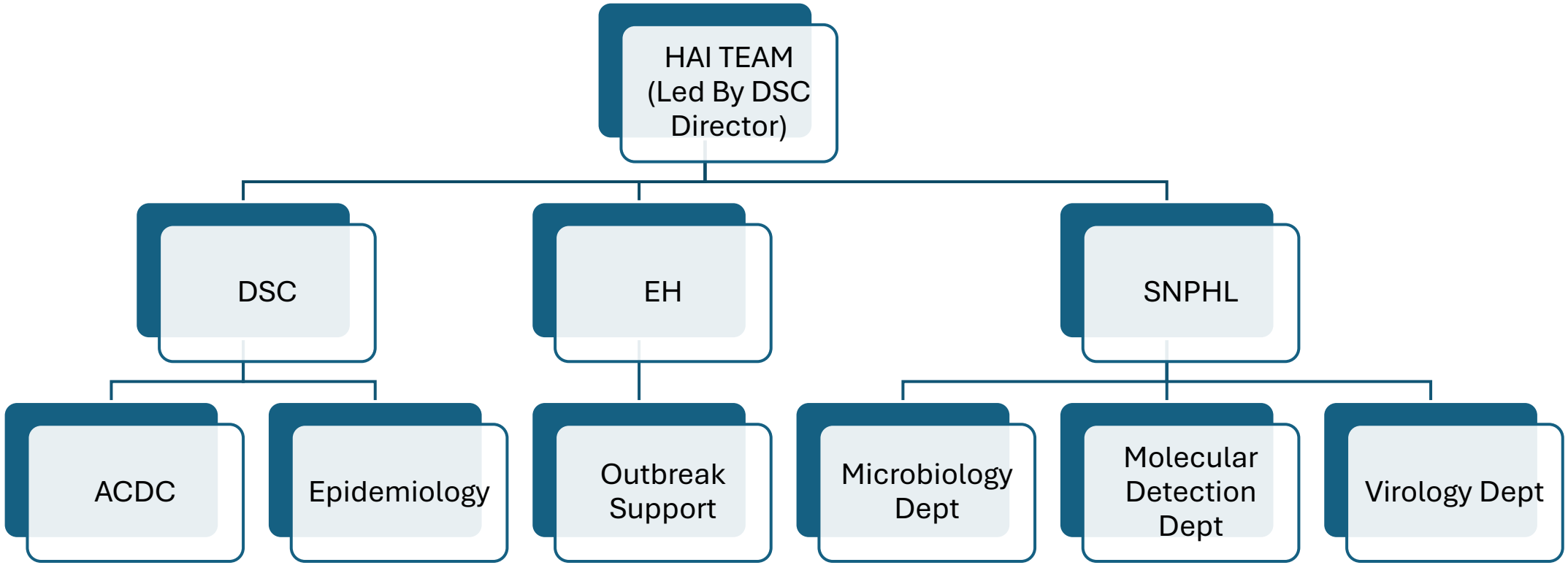
- The Southern Nevada Health District (SNHD) assumed primary responsibility for Healthcare Associated Infections (HAI) prevention and control activities in Clark County beginning January 1, 2026.

- SNHD responds to reports of HAIs, suspected clusters, and outbreaks in acute care, long-term, and other medical facilities including outpatient settings.

- The HAI team also provides support through the Infection Control Assessment and Response (ICAR) framework, offering recommendations, training, and resources upon request. Facilities are encouraged to contact SNHD whenever assistance is needed.

Southern Nevada Health District

Who are we?


HAI TEAM (Led By DSC Director)
DSC
EH
SNPHL
ACDC
Epidemiology
Outbreak Support
Microbiology Dept
Molecular Detection Dept
Virology Dept

HAI Responsibilities and Activities

- HAI surveillance and response activities are initiated in the Division of Disease Surveillance & Control when a report is submitted by a medical provider or a laboratory.
- **Disease Surveillance**
  - ACDC receives reports of all reportable diseases and obtains data on reportable diseases
  - https://www.southernnevadahealthdistrict.org/healthcare-associated-infections-program/
  - Additional reports (not reportable in NV) are received and monitored
- **Disease Investigations**
- **Outbreak investigations-** (Multidivisional and program response: DSC, EH, SNPHL)
- **Data collection and analysis-** (Monitoring disease and trends)
  - Epidemiology team uses *C. auris* data to prioritize outreach efforts- Data driven efforts
  - Variables of analysis include: Clinical and Colonized cases, magnitude, severity, imbalance, and signal or positivity
- **Training and education**
  - Identify areas of need and offer training to healthcare facilities
  - Conduct assessments

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What do we investigate?

Priority Group	Organism Description
OUTBREAKS	• ALL (examples include COVID-19, foodborne illnesses, *Candida Auris, C. difficile*, Norovirus)
Tier 1	• VRSA/VISA (Vancomycin-resistant *Staphylococcus aureus/Vancomycin Intermediate Staphylococcus aureus)* • Novel Diseases or New or Rare Resistance Mechanisms
Tier 2	• PAN-Resistant and Echinocandin resistant *Candida Auris* • All PAN-Resistant Carbapenem Resistant Organisms (CRO) (except non-OXA Carbapenem Resistant *Aeruginosa baumannii [CRAB]*) • OXA PAN-Resistant CRAB • KPC-producing CRO (other than *Enterobacteriaceae*) • Non-KPC Carbapenemase Producing Organisms
Tier 3	• Pan-resistant non-OXA CRAB
Tier 4	• *Candida Auris* • KPC-producing carbapenem-resistant *Enterobacteriaceae* (KPC-CRE)

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Infection Control Assessment and Response a.k.a ICAR

- This comprehensive tool is intended to help assess IPC practices in acute care, long-term care, and outpatient settings
- Systematic assessment, comprised of interviews and observations
  - Collaboration with Acute Communicable Disease Control Program, Epidemiology, Environmental Health and SNPHL
- This is a *quality improvement* tool and facilitators may modify it and/or prioritize certain sections and questions:
  - Tailoring it to the needs of the facility
  - Tailoring it based on the pathogen or concerns identified within the facility
  - Focusing on topics that are priority within the jurisdiction
  - Ensuring alignment and adherence to State and Local regulations

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Goal of ICAR

- Partner with facility to make it as safe as possible for patients and staff
- Understand facility practices related to the case(s) exposure, through discussion and observations
- Identify potential risks for illness transmission
- Help implement safer practices where gaps are identified

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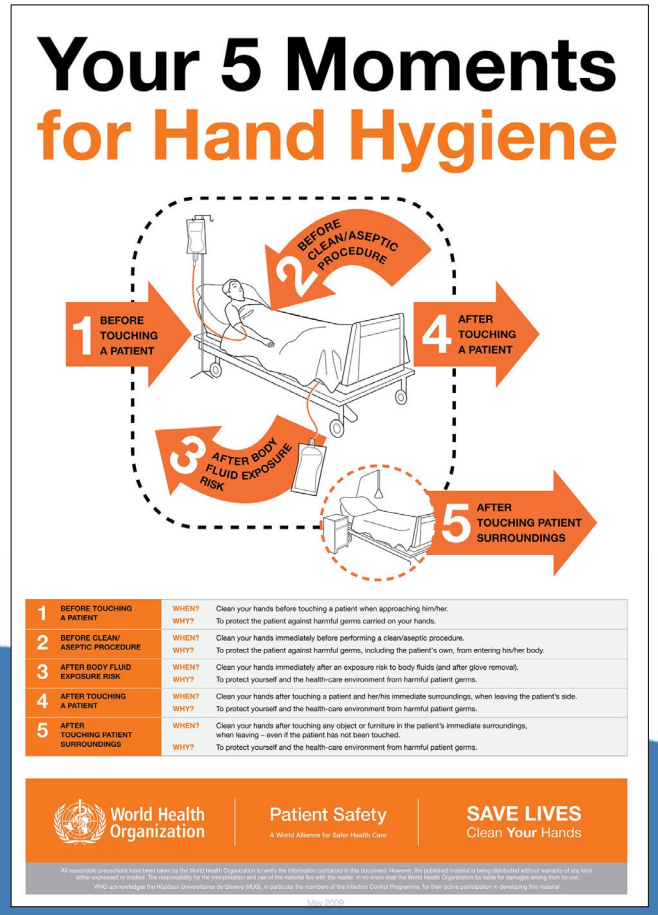
ICAR modules- Assessments and Observations



- Module 1 - Training, Audits, Feedback
- Module 2 - Hand Hygiene
- Module 3 - Transmission-Based Precautions
- Module 4 - Environmental Services
- Module 5 - High-level Disinfection and Sterilization
- Module 6 - Injection Safety
- Module 7 - Point of Care (POC) Blood Testing
- Module 8 - Wound Care
- Module 9 - Healthcare Laundry
- Module 10 - Antibiotic Stewardship
- Module 11 - Water Exposure

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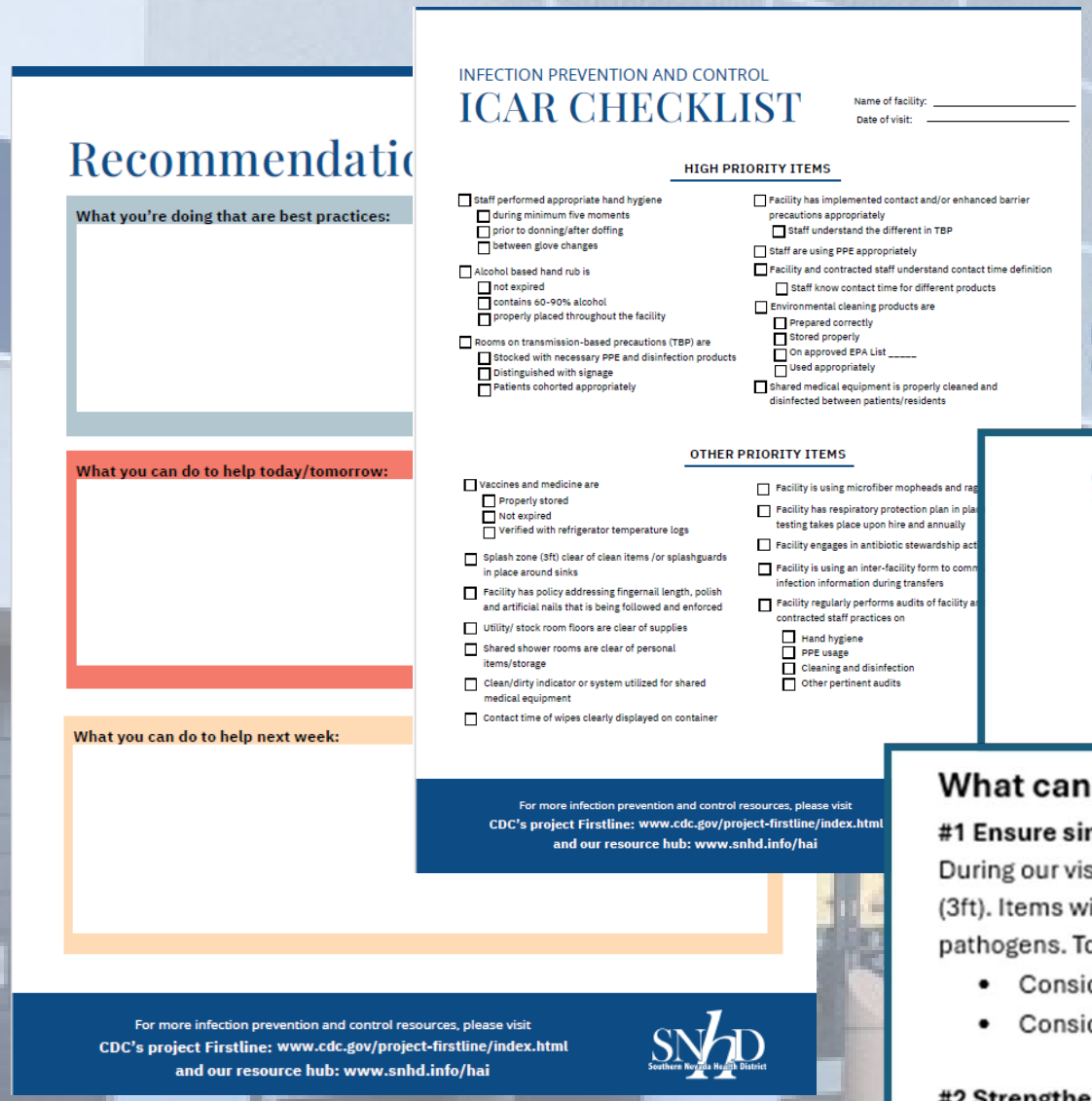
Feedback and Summary of Recommendations

Non-regulatory, non-punitive, support driven, a public health approach

Immediate feedback provided



Recommendati

What you're doing that are best practices:

What you can do to help today/tomorrow:

What you can do to help next week:

For more infection prevention and control resources, please visit
CDC's project Firstline: www.cdc.gov/project-firstline/index.html
and our resource hub: www.snhd.info/hai

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INFECTION PREVENTION AND CONTROL

ICAR CHECKLIST

Name of facility: _____

Date of visit: _____

HIGH PRIORITY ITEMS

- ☐ Staff performed appropriate hand hygiene
  - ☐ during minimum five moments
  - ☐ prior to donning/after doffing
  - ☐ between glove changes
- ☐ Alcohol based hand rub is
  - ☐ not expired
  - ☐ contains 60-90% alcohol
  - ☐ properly placed throughout the facility
- ☐ Rooms on transmission-based precautions (TBP) are
  - ☐ Stocked with necessary PPE and disinfection products
  - ☐ Distinguished with signage
  - ☐ Patients cohorted appropriately
- ☐ Facility has implemented contact and/or enhanced barrier precautions appropriately
  - ☐ Staff understand the different in TBP
- ☐ Staff are using PPE appropriately
- ☐ Facility and contracted staff understand contact time definition
  - ☐ Staff know contact time for different products
- ☐ Environmental cleaning products are
  - ☐ Prepared correctly
  - ☐ Stored properly
  - ☐ On approved EPA List _____
  - ☐ Used appropriately
- ☐ Shared medical equipment is properly cleaned and disinfected between patients/residents

OTHER PRIORITY ITEMS

- ☐ Vaccines and medicine are
  - ☐ Properly stored
  - ☐ Not expired
  - ☐ Verified with refrigerator temperature logs
- ☐ Splash zone (3ft) clear of clean items /or splashguards in place around sinks
- ☐ Facility has policy addressing fingernail length, polish and artificial nails that is being followed and enforced
- ☐ Utility/ stock room floors are clear of supplies
- ☐ Shared shower rooms are clear of personal items/storage
- ☐ Clean/dirty indicator or system utilized for shared medical equipment
- ☐ Contact time of wipes clearly displayed on container
- ☐ Facility is using microfiber mopheads and rag
- ☐ Facility has respiratory protection plan in pla
  testing takes place upon hire and annually
- ☐ Facility engages in antibiotic stewardship act
- ☐ Facility is using an inter-facility form to comm
  infection information during transfers
- ☐ Facility regularly performs audits of facility a
  contracted staff practices on
  - ☐ Hand hygiene
  - ☐ PPE usage
  - ☐ Cleaning and disinfection
  - ☐ Other pertinent audits

For more infection prevention and control resources, please visit
CDC's project Firstline: www.cdc.gov/project-firstline/index.html
and our resource hub: www.snhd.info/hai

SNHD Southern Nevada Health District

Dear {insert facility name} team,

Thank you for the opportunity to partner with your team to review and implement CDC guidelines related to infection prevention practices in your facility. This visit was a voluntary and non-regulatory consultation to improve infection prevention and control practices and

What you're doing that are best practices:

- Nursing and Environmental Services (EVS) staff are knowledgeable regarding transmission-based precautions.
- Consistent usage of isolation signage outside of patient's rooms.

What can be done to help today and tomorrow?

#1 Hand Hygiene

belongings,

ABHR)

needed. This is

when to

e.

What can be done to help next week?

#1 Ensure sink splash zone is free of clean items

During our visit, we observed multiple sinks with clean items stored within the splash zone (3ft). Items within the splash zone are susceptible to contamination by waterborne pathogens. To prevent the spread of these pathogens, we recommend:

- Consider installing splash guards, especially when space is limited.
- Consider education for staff and/or using signage near sinks.

#2 Strengthening adherence to disinfectant contact times

During interviews with EVS staff, knowledge gaps were identified regarding required disinfectant contact times. The facility maintains a wide range of disinfectants with varying contact times, from 1 minute to 10 minutes, that differ by product and pathogen. Managing

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Outcomes

16 Assessments using ICAR tool

17 introductory visits to medical facilities

33 Onsite visits to facilities

5 outbreaks

~ Investigated 735 reports (C. Auris, CPO's)

1599 reports received from 56 medical facilities

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General Introductory Visits, (N=17)	ICAR conducted, (N =16)
Spring Valley Medical Center	Life Care of South Las Vegas
Advanced Health Care of Summerlin	Valley Hospital Medical Center
Dignity Health Rehabilitation Hospital	University Medical Center
Summerlin Hospital	Encompass Health Rehab Hospital of LV
Oasis Nursing and Rehab	College Park Rehab Center
Summerlin Hospital	St. Joseph Transitional Rehabilitation Center
TLC Care Center	AMG Specialty hospital
Saint Rose Dominican - San Martin	North Las Vegas Care Center
Saint Rose Dominican - De Lima	Mountain View Hospital
Saint Rose Dominican - Siena	PAM Health Specialty Hospital of Las Vegas
Royal Springs Healthcare and Rehab	Royal Springs Healthcare and Rehab
Coronado Ridge SNF	Horizon Specialty Hospital LV
Horizon Specialty Hospital LV	Spring Valley Medical Center
Spanish Hills Wellness Suites	Summerlin Hospital
Skye Canyon Post Acute	Sunrise Hospital and Medical Centri
West Henderson Hospital	
Premier Health and Rehabilitation	

Southern Nevada Health District

Themes and Observations

1 Hand hygiene

- Lack of hand hygiene, primary observed in repeated populations: providers and contracted staff
  - Sometimes related to lack of availability of ABHR
- Key findings: Not performing hand hygiene prior to putting on gloves or after removing and cross-contamination when using gloves. Example; using dirty gloves to touch clean surfaces
- Good hand hygiene practices among nursing staff at facilities

#2 Trends by position

- Providers in acute care settings are consistently non-compliant with proper hand hygiene and proper PPE use
- IPs in acute care settings have been observed attempting to educate/correct providers in these instances. IP recommendations are not received well by providers.
- Nurses and EVS staff do a great job utilizing PPE; PPE is adequately stocked and available

#3 Interfacility Infection Control Transfer forms

- Some facilities reported they use a transfer form for outgoing patients. However, we receive consistent reports from facilities that they are not receiving the transfer form
- Facilities report they provide infection information during verbal nurse-to-nurse report rather than using the transfer form

SNHD Southern Nevada Health District

Themes and Observations

Approach/Survey Results

- Facilities have been responsive to our approach. We've received feedback that they enjoy the style/joint effort approach we take

Healthcare Facilities-IP staff

- The acute care hospitals typically have robust, evidence-based infection control protocols that staff are expected to follow
- We have existing positive relationships and partnerships with IP's from acute care facilities that carry into this new program area.
- IP's have been very knowledgeable about their facility specific IPC practices/policies
- Facilities are often conducting audits and providing just in time corrective action to staff.
- IPs have been quick at providing the additional information we need for investigations (medication list, bed trace, etc.)

SNHD Southern Nevada Health District

Common Gaps Identified

Most frequent

Least frequent

1. **Unfamiliar with and/or improper adherence to disinfectant concentration and/or contact/dwell times**
   - Staff using disinfecting wipes that dry before the reaching the effective contact time
2. **Deviation from proper cleaning sequence for patient rooms**
   - Staff using the same wiping cloth to clean a bed rail immediately after a dirty sink.
3. **No system in place or incomplete system in place to indicate clean/soiled status of shared equipment**
   - No tags, signage, or designated areas established for clean and dirty equipment.
4. **Inadequate cleaning of patient rooms**
   - High touch surfaces tagged with fluorescent markers remain after cleaning.
5. **Clean items stored within sink splash zone**
   - Medications and other sterile supplies being stored within 3 ft. of a sink.
6. **Nonpatient rooms soiled**
   - Soiled equipment and personnel items stored among clean equipment in storage rooms and showers

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Addressing the Gaps

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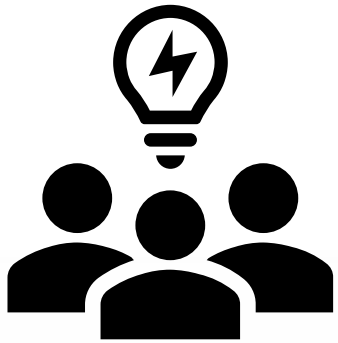
1. Education

On site education and discussion

- Help brainstorming corrective actions that will work for individual facility



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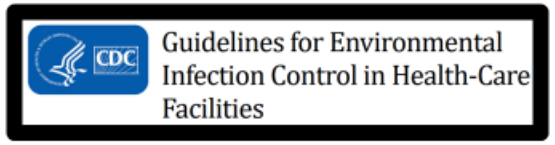
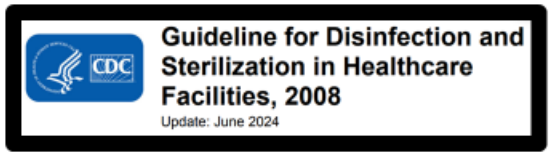
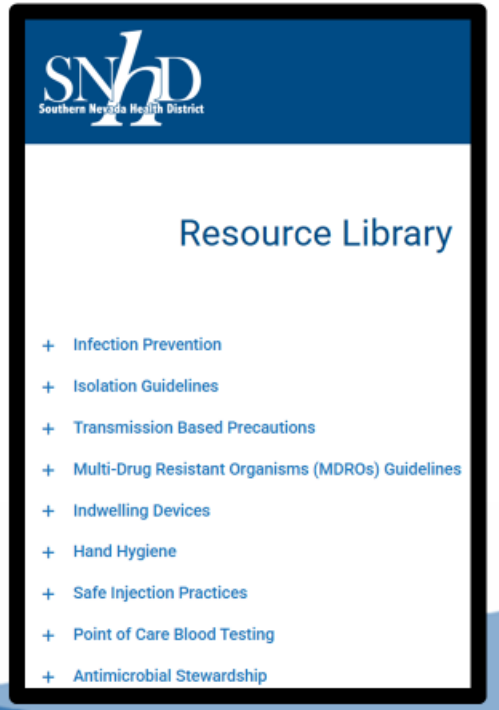
2. Sharing Resources

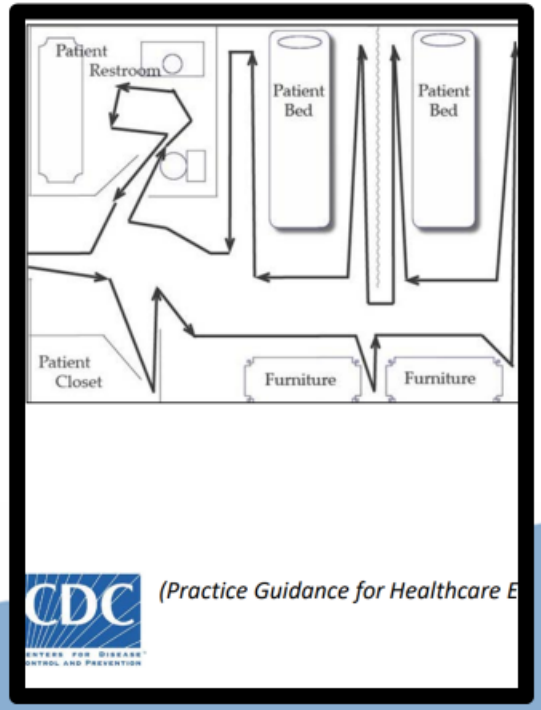
Including links in communications to guidance documents, trainings, posters, and more

www. snhd.info/hai









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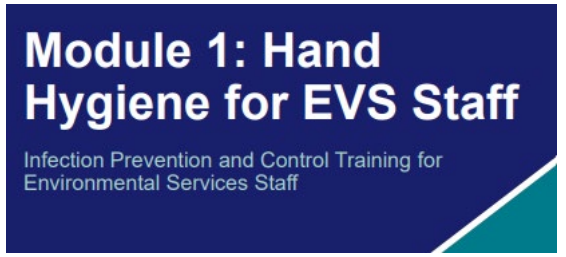
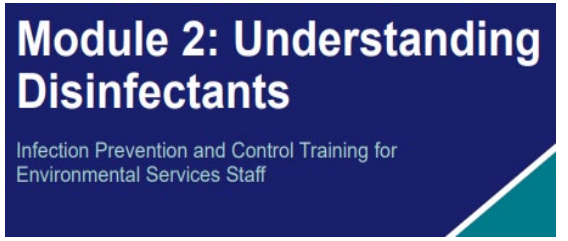
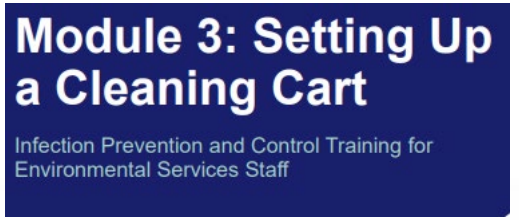
3. Training

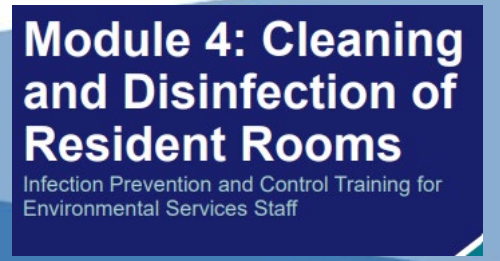
CDC Project Firstline based training recommended to facilities with significant gaps identified

- EVS training
  - Four one-hour modules with interactive components
  - Presented in person, on-site, one per week over 4 weeks
  - Provided in English and Spanish









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HAI Testing: Southern Nevada Public Health Laboratory

Existing Testing Protocols

- *Candida auris* colonization screening by PCR
  - (for Infection Prevention patient cohorting and isolation)

- *Candida auris* antifungal susceptibility testing
  - (for clinical isolates suspected of causing illness)

Facilities Currently Submitting to SNPHL

Sunrise Hospital, Valley Hospital, Summerlin Hospital, Centennial Hills Hospital, Spring Valley Hospital, Henderson Hospital, North Vista Hospital, Desert View Hospital, VA Medical Center, Encompass Health Rehabilitation Hospital, West Henderson Hospital

What is the value of a local Public Health Laboratory HAI Testing program?

Local healthcare facilities that submit samples to SNPHL benefit from:

- Faster turn-around times for HAI pathogen detection and response
- Strengthened community partnerships and laboratory subject matter expertise
- Maintaining a testing support network of partner laboratories for uninterrupted local HAI monitoring
- Direct connections and electronic reporting to SNHD HAI teams

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HAI Testing: Southern Nevada Public Health Laboratory

Additional Testing Protocols (Expected May 2026)

- Phenotypic confirmation of Carbapenem-Resistant Organisms (CRO) from clinical isolates
- Genotypic detection of carbapenem resistance genes (KPC, NDM, VIM, OXA, IMP) in CRO/CPO isolates
- Expanded antibiotic susceptibility testing for Carbapenem-Resistant Organisms (CRO) using antibiotics commonly used for treatment in Clark County

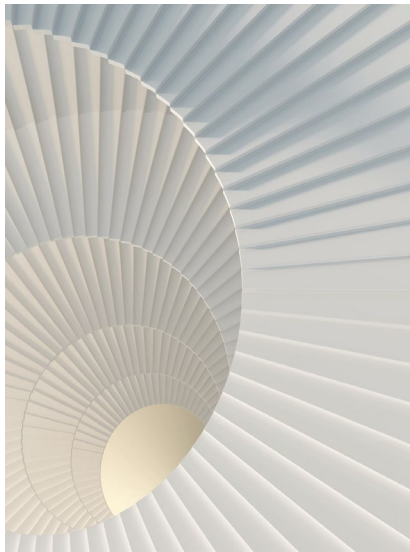
Next Steps in Laboratory Testing

Electronic Order and Results Delivery Interface

- **Current Challenge**: Reliance on paper requisitions causes demographic errors and operational inefficiencies for both hospital and lab staff.
- **Solution**: Integrate our LIMS with hospital EMRs via HL7 messaging to enable direct ordering and automated result transmission.
- **Key Benefits**: Eliminates manual entry errors, secures patient record management, and accelerates total turnaround time.
- **Contact**: William Bendik, Lab Manager: Bendik@snhd.org

  (702) 759-1026

https://www.southernnevadahealthdistrict.org/programs/southern-nevada-public-health-laboratory/



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- Chris Saxton, Director, EH
- Division and Program Staff
  - SNPHL
  - Environmental Health
  - Disease Surveillance and Control

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Questions and Contact Info:

- For questions or concerns:
  - HAI@snhd.org
- For more info on SNHD HAI:
  - https://www.southernnevadahealthdistrict.org/healthcare-associated-infections-program/
- For info on how to report:
  - https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/

- William Bendik, Laboratory Manager
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- Lauren DiPrete, Environmental Health Supervisor
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